AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No.: 23696

Attorney Docket No.: 000442 In Re Application of: Terasawa et al.

Serial Number: 09/655,609 Filed: September 6, 2000 Examiner: Brian D. Nguyen Group Art Unit: 2661 RECEIVED
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Dear Sir:

Transmitted herewith for filling is a Response to Office Action in the above identified application.

| For Total* 19 19 19 x \$18 = S Independent** 2 4 x \$86 = 5 Multiple Dependent Claim(s): | CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid | (c) Extra Claims | Large Entity Foc | Fee Paid |
|--|--|--|---|------------------------|---|--------------------|
| Independent** 2 4 x \$86 = \$ Multiple Dependent Claim(s): Yes No \$290 \$ EXTENSION FEBS One Month \$110 \$ EXTENSION FEBS Two Months \$420 \$ Three Months \$950 \$950 TERMINAL DISCLAIMER "If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less tha | Total | 10 | For | | x \$18= | S |
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| ### Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. ### Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. ### Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$950. ### The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or oredit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. ### The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. #### Date: July 15, 2004 Signature: Howard H. Seo, Reg. No 43,106 Phone No. 858-845-5235 Phone No. 858-845-5235 Attn: Patent Department Phone No. 858-845-5235 Signature: Howard H. Seo, Reg. No 43,106 Phone No. 858-845-5235 Phone No. 8 | "If the number in co | lumn a is less than 20, | enter 0 in column c. | | TOTAL FEE | <u>`</u> |
| | QUALCOMM In Attn: Patent Dep 5775 Morehouse San Diego, Califo | corporated artment Drive ornia 92121-1714 | | | | |
| | | CERTIF | ICATE OF MAI | LING/TRANSMI | SSION (37 CFR 1.8(a)) | |
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| I hereby certify that this correspondence is, on the date shown below, being: | with sufficie | ith the United State on postage as first of Idressed to the Co | s Postal Service class mail, in an commissioner for | Tradem | ued by facsimile to the hark Office. Name: Ann Andrews | |
| I hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE I deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: Ann Andrews | Depositor's Nam | | name) | Sienanue | 1) | |
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